

F-MAIL

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Date of mailing by EXPRESS MAIL April 18, 2008

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Request for Continued Examination
Credit Card Payment Form
AMENDMENT

Dale Lovercheck

Patent Attorney Reg. No. 28638

Physically delivered to the United States Post Office, Brookhaven, Pennsylvania by: Dale Lovercheck

(Print Name)

I hereby certify that this paper or fee is being deposited with the United States Postal Service "EXPRESS MAIL Post Office To Addressee" service, under 37 CFR 1.10, as modified by 68 Fed. Reg. 14332 (March 25, 2003) on the date indicated above and is addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Dale Lovercheck

Patent Attorney Reg. No. 28638

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Name as it Appears on Credit Card:	it Card: Dale R Lovercheck	· · · · · · · · · · · · · · · · · · ·	
Payment Amount: \$ (US Dollars):	lars): \$405		
Cardholder Signature:	Jah Township	2 Date: 4/18/08	ose after the payment of a
tefund Policy: The USPTO hay the will not entitle a party to a refundance will not notify the parequested and will not notify the paracount to which the fee	Refund Policy: The USPTO May refund a fee paid by mistake or in excess of that required. A cliange of proposed the paid by mistake or in excess of that required. A client or less a refund is specifically fee will not entitle a party to a refund of such fee. The USPTO will not refund an amounts of \$25.00 or less unless a refund is specifically requested and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be issued as a credit to the requested and will not hold the fee was charged as a charge of charged credit card account to which the fee was charged for processing each payment refused (including a check returned "unpaid") or charged	of that required. A change on personal amounts of \$25.00 or less unless und of a fee paid by credit card will whent refused (including a check re-	a refund is specifically be issued as a credit to the turned "unpaid") or charged
Service Charge: There is a \$50.0 back by a financial institution (37 C	Service Charge: There is a \$20.00 service classes. back by a financial institution (37 CFR 1.21 (m)) Credit Card Billing Address	ng Address	
Street Address 1: 92 Pat	Patricia Place		
Street Address 2.			
City: Media			
State/Province: PA		Zip/Postal Code: 19063	63
Country: US			
Daytime Phone #: 484 4	442 8625	Fax #:	
	Request and Payment Information	ent Information	
Description of Request and Payment Information:			SMALL ENTITY
REQUEST FOR CONTINU	CONTINUED EXAMINATION (RCE) AND	3	
X Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No.	Application No.	Application No.	IDON Customer No.
09/900,647			
Patent No.	Patent No.	Registration No.	
Attorney Docket No. CASE: ANAL-VIT		Identify or Describe Mark	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form or